Business/	Farm Name:	John Doe			
Additional Premises (Primary lacation where liveston		lacation and animals are mana	ged separately, appl	y for multiple	premises ID's)
Premises name/description:Smith Place(example "home place"					ace", "heifer place")
Premises Address: Che	ck if same as busines	s/farm account mailing	address□		
OR (if not the same as bus	iness/farm mailing addre	ss)			
Premises Address:	567 Co. Rd. 345				
City:Montgomery	State:AL_	Zip:_36123	Cou	nty: _Mon	tgomery
Premises Type:* _X (*check all that apply)		oantPort of Entry		-	1
Species at Premises:* (*check all that apply)			Goats _	X_Horses	Poultry
Legal Land Description (*required if no address)		Range		Section	
GEO Coordinates:* (*optional)		Long		•	
Additional Premises					
Premises name/descript	tion:				
Premises Address:					
City:	State:	Zip:	-	County: _	
Premises Type:*I (*check all that apply)N		oantPort of Entry	•		-
Species at Premises:*		-	Goats]	Horses _	_Poultry
(*check all that apply)	Deer and Elk	_LlamaEmu			
Legal Land Description (*required if no address)	n:* Township	Range		Section	
GEO Coordinates:* (*optional)	Latutude:	Long	gitude:	•	
Return forms t	Return forms to:		ions, contact:		
Alabama Dej Attn: Premise:	ot. of Agriculture s Registration	Premises ID support Phone 334/240-7253			

PO Box 3336 Montgomery, AL 36109 Fax: 334/240-7198

Email:

an imalid. premises @agi. alabama. gov